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**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	New Jersey Statutes Annotated, 44:7-86.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION<sup>1</sup></b>	Social Security Administration.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided for every aged, blind, and disabled recipient except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities. Blind and disabled children are eligible for optional supplementation. Recipients in medical facilities who are eligible for Federal payments under section 1611(e)(1)(E) receive State optional supplementation (code B payment level) for up to 2 months.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration district offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Licensed residential facility <sup>3</sup>	\$620.05	\$1,221.36	\$150.05	\$516.36
B	Living alone or with others	501.25	730.36	31.25	25.36
C	Living alone with an ineligible spouse <sup>4</sup>	730.36	N/A	260.36	N/A
C	Living with essential person <sup>5</sup>	730.36	N/A	25.36	N/A
D	Living in household of another	357.65	563.09	44.31	93.09
G	Medicaid facility	40.00	80.00	10.00	20.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Department of Human Services, Division of Family Development.

**SPECIAL NEED** Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional State supplementary payments.

**CIRCUMSTANCES****MEDICAID****ELIGIBILITY:**

**CRITERION** SSI program standards (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration obtains this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State supplement includes a \$67.50 personal needs allowance per person per month.

<sup>4</sup> Federal criteria is used in determining an ineligible spouse. Applies to recipients who live either with only their ineligible spouse or with only their ineligible spouse and foster child(ren).

<sup>5</sup> Payment levels for essential person apply only to cases converted from former State assistance programs.